



Dear Applicant,

Attached is the City of Scottsdale Business, Occupational, and Professional license application you have requested. Please complete the application and return with the \$12.00 application fee to the City of Scottsdale, Tax and License Registration office. Our mailing address is:

City of Scottsdale
Tax and License Registration
P.O. Box 1586
Scottsdale, AZ 85252-1586

If your application is approved, you will receive a billing for the annual license fee. A license will be issued upon receipt of payment. Below is the fee schedule:

Number of Employees	License Year	Delinquent License Fee
0 – 2	\$50.00	\$75.00
3 – 7	\$75.00	\$112.50
8 – 11	\$100.00	\$150.00
12 – 25	\$125.00	\$187.50
26 – 100	\$150.00	\$225.00
101 – 200	\$175.00	\$262.50
201 & OVER	\$200.00	\$300.00

If you have any questions, please contact the Tax and License Registration office at (480) 312-2400 or visit our website: www.ScottsdaleAZ.gov

**TRANSACTION PRIVILEGE (SALES) TAX or
BUSINESS, OCCUPATIONAL AND PROFESSIONAL
LICENSE APPLICATION**

If applicable, make checks payable to: City of Scottsdale

Mail to: PO BOX 1586
Scottsdale, AZ 85252-1586



Customer Service Office Locations:
7447 E. Indian School Rd., Suite 110

☐ PC 1063 BOP ☐ In
☐ PC 1064 STX ☐ In ☐ Out

or
9379 E. San Salvador Dr., Suite 100
Telephone: (480) 312-2400 Fax: (480) 312-4806
www.ScottsdaleAZ.gov

SECTION I. Business Information									
Check any that apply: <input type="checkbox"/> New Business to Scottsdale <input type="checkbox"/> Annual License <input type="checkbox"/> Update <input type="checkbox"/> Name Change Only, Date Changed _____ <input type="checkbox"/> Ownership Change <input type="checkbox"/> Temporary License <input type="checkbox"/> Insurance Only <input type="checkbox"/> Location Change, Date Changed _____									
Date business started in Scottsdale		Former Owner (if applicable)		Current City License #		Previous City License #		For Office Use Only	
Doing Business As (DBA), Name on Signage, Name known to the public									App. Fee
Street # Direction Street Name Type Suite/Apt # (List physical address, do not enter a Mail box type of address)									License #
City			State		Zip Code + 4		(Area Code) Business Telephone #		SIC Code
Fax #		E-Mail Address (If Available)			State Sales Tax #		Federal ID #		Filing Freq.
SECTION II. Additional Business Information, Mailing and Telephone Number									
Legal Business Name of Entity or Individual Name									Account #
Street # Direction Street Name Type Suite/Apt #									Initials
City			State		Zip Code + 4		(Area Code) Other Business Telephone #		
SECTION III. Business Ownership & Record Location									
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp. - State Inc. # _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Other _____									
Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)		Name			Title		Driver's License #		
		Home Address						Social Security #	
		City		State		ZIP Code + 4		(Area Code) Telephone #	
		Name			Title		Driver's License #		
		Home Address						Social Security #	
		City		State		ZIP Code + 4		(Area Code) Telephone #	
Corporate or LLC Statutory Agent		Name			Title		Phone #		
Location where business records are kept, if different from business location		Address							
		City		State		ZIP Code + 4		(Area Code) Telephone #	
SECTION IV. Business Type		<input type="checkbox"/> Retail Sales <input type="checkbox"/> Wholesaler <input type="checkbox"/> Service Only <input type="checkbox"/> Construction Contracting <input type="checkbox"/> Use Tax <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Manufacturer <input type="checkbox"/> Commercial Rental <input type="checkbox"/> Residential Rental (# of Units _____) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____							
Describe Nature of Business								# of Employees	ROC #
SECTION V. Business Premises Status									
Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the reverse side of application If you do not own your business location, complete Landlord/Property Manager information below.									
Landlord/Property Manager Name		Address			City		State		Zip Code + 4
(Area Code) Telephone #					Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the City of Scottsdale. Incomplete applications may not be processed.									
Print Name(s)			Signature(s)				Title(s)		Date

IF YOU PURCHASE A BUSINESS, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

FSCS2004-843TPT_BOP

If your business is in a residential district (Home Based Business in Scottsdale), please complete the questionnaire below:

Home Business Questionnaire

Home occupations, as defined under Sec. 3.100 of the Scottsdale Revised Code, are uses permitted but must meet guidelines limiting the impact of uses in residential districts. The following questionnaire will be used by the City of Scottsdale to determine if your request for a home occupation exception fits within the guidelines of a residential zoning district.

Please answer all the following questions in regard to your home based business with a check mark in the "yes" or "no" box supplied:

1. Yes ☐ No ☐ Will this business be the main use to the residence? (people will not live here)
2. Yes ☐ No ☐ Will employees come to the home? (other than people that live in the home)
3. Yes ☐ No ☐ Do you plan on using your garage or carport for storage? (may only use a bedroom or alternate room inside the home)
4. Yes ☐ No ☐ Will a service or commodity be sold that invites customers to your home?
5. Yes ☐ No ☐ Will commercial type vehicles be kept at this residence for business use?
6. Yes ☐ No ☐ Are you operating any mechanical equipment at your residence that is not normally used for domestic, hobby, standard office or household purposes? Such as; welding, metal working, wood assembling
7. Yes ☐ No ☐ Will this business generate pedestrian or vehicular traffic?

I certify that the statements made on this questionnaire are true and complete to the best of my knowledge.

Owner / Applicant

Date

Office Use Only